

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048519

STATE FILE NUMBER

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 172

DO NOT WRITE
ON THIS STUB

AMENDED

FILED DEC 16 1963

1. PLACE OF DEATH

a. COUNTY Johnson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Warrensburg

Length of stay in 1b
2 Weeks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Johnson County
Memorial Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Johnson

c. CITY OR TOWN Rural-Warrensburg

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
Rfd. # 4

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
Stella Allworth

4. DATE OF DEATH
Month Day Year
December 12, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

11/21/70

9. AGE (last birthday)

93

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
Own Home

11. BIRTHPLACE (City and state or country)
Johnson County, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Elvis A. Williams

13b. MOTHER'S MAIDEN NAME

Adelia Brown

14. NAME OF HUSBAND OR WIFE

William E. Allworth-Dec

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Mrs Hugh Martin-R#4 Warrensburg, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchial Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

14 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Unintentional Respiratory Infection

18 days

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Bilateral Cataract + Generalized Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour s.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11-26-63 to 12-12-63 and last saw her alive on 12-12-63.
Death occurred at 7:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12/15/63

23c. NAME OF CEMETERY OR CREMATORY

Liberty Cemetery

23d. LOCATION (City, town, or county)

Johnson County, Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Sweeney-Phillips-Warrensburg, Mo. Dec. 14, 1963 Savannah Patehfield

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59
10515
20510
3
4 1
5 2
6
7 0
8 2
94918
10
11
12 40
13 10

DATE AMENDED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.